



## *State of New Jersey*

Jon S. Corzine  
*Governor*

**OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
STATE ATHLETIC CONTROL BOARD  
P.O. BOX 180  
TRENTON, NJ 08625-0180**

Stuart Rabner  
*Attorney General*

Tony Orlando  
*Chairman*

Steven Katz  
Dennis McDonough  
*Member*

Larry Hazzard, Jr.  
*Commissioner*

TO: PROFESSIONAL BOXING TICKET PRINTERS

FROM: Larry Hazzard, Sr.  
Commissioner

SUBJECT: New Jersey Ticket Printer License Application  
**RENEWAL: July 1, 2006 - June 30, 2007**

**Enclosed are the annual requirements for license renewal as a Ticket Printer in the State of New Jersey.**

To be licensed you must submit the following to this office:

1. Completed License Application Form
2. Completed Ticket Printer Application
3. A Bond in the amount of \$10,000.00
4. Completed Business History Form
5. Most Current Tax Returns
- 6 Check or money order in the amount of \$100.00, payable to the State Athletic Control Board

**AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING  
ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.**



TELEPHONE: (609) 292-0317 FAX: (609) 292-3756  
NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER PRINTED ON RECYCLED PAPER AND RECYCLABLE

Ticket Printers licensed by New Jersey's State Athletic Control Board are required to adhere to the Board's Rules and Regulations. Specifically, within the Rules (N.J.A.C. 13:46-1, et seq.) Subchapter 15. Tickets, addresses the various aspects of printing and using tickets.

In order to be licensed by the State Athletic Control Board, a Ticket Printer must obtain a \$10,000 Bond (ref. N.J.A.C. 13:46-15.2(b)). Without a clear understanding of the licensed Ticket Printer's responsibilities within Subchapter 15., premium costs for the required Bond could be inflated due to excessive coverage.

In order to clearly identify specific requirements upon licensed Ticket Printers, enclosed is a five-page copy of Subchapter 15., detailing N.J.A.C. 13:46-15.1 through 15.18. Responsibilities placed upon licensed Ticket Printers within Subchapter 15. are limited to 13:46-15.1 through 15.4, 13:46-15.5(a) and 13:46-15.6.

If there are any questions regarding your application, please contact the office at 609.292.0317.

LH:tg  
Enclosures  
REV: 05.2005



**\*\*PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. \*\***

**\*\*\*\*NO CASH!!\*\*\*\***

**NEW JERSEY STATE ATHLETIC CONTROL BOARD  
LICENSE APPLICATION**

*P. O. Box 180*

*Trenton, New Jersey 08625-0180*

*Telephone: (609)292-0317 Fax: (609)292-3756*

**Check (✓) or Circle Type/s of License**

<b><u>CONTESTANT</u></b>  <input type="checkbox"/> Boxer \$5  <input type="checkbox"/> Kickboxer \$5  <input type="checkbox"/> Mixed Martial Artist \$5	<b><u>MANAGER</u></b>  <input type="checkbox"/> Boxing \$25  <input type="checkbox"/> Kickboxing \$25  <input type="checkbox"/> Mixed Martial Arts \$25	<b><u>SECOND</u></b>  <input type="checkbox"/> Boxing \$25  <input type="checkbox"/> Kickboxing \$25  <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25  <input type="checkbox"/> Timekeeper \$25  <input type="checkbox"/> Other \$ _____ _____
<b><u>REFEREE</u></b>  <input type="checkbox"/> Boxing \$75  <input type="checkbox"/> Kickboxing \$75  <input type="checkbox"/> Mixed Martial Arts \$75	<b><u>JUDGE</u></b>  <input type="checkbox"/> Boxing \$75  <input type="checkbox"/> Kickboxing \$75  <input type="checkbox"/> Mixed Martial Arts \$75	<b><u>PROMOTER</u></b>  <input type="checkbox"/> Boxing \$300  <input type="checkbox"/> Kickboxing \$300  <input type="checkbox"/> Mixed Martial Arts \$300	<b><u>MATCHMAKER</u></b>  <input type="checkbox"/> Boxing \$100  <input type="checkbox"/> Kickboxing \$100  <input type="checkbox"/> Mixed Martial Arts \$100

**SECTION I (All Applicants) - Please Print**

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):  
( )

TELEPHONE (Business):  
( )

FAX#  
( )

E-MAIL ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

☐ MALE ☐ FEMALE

CITIZENSHIP:

PLACE OF BIRTH:

Have you ever been convicted of a crime? If yes, explain: ☐ YES ☐ NO

Are you presently on any suspension list? If yes, explain: ☐ YES ☐ NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? ☐ YES ☐ NO  
If yes, explain:

Has any license you've held been revoked? If yes, please explain: ☐ YES ☐ NO

List all other Athletic Commissions in which you are licensed:

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**SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print**

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: ☐ YES ☐ NO

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Do you have any current medical conditions? If yes, please explain: ☐ YES ☐ NO

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Do you have a manager? If yes, provide name, address & telephone number: ☐ YES ☐ NO

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

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Have you had amateur experience? If yes, complete the following questions: ☐ YES ☐ NO

Amateur Record: \_\_\_\_\_ Number of Fights: \_\_\_\_\_

Submission Grappling Record: \_\_\_\_\_

Name of Gym or Club where you trained: \_\_\_\_\_

Name and Telephone Number of Trainer or Manager:

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**SECTION III ( Manager's & Second's Only) Please Print**

List names of boxers which you currently manage/second:

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Do you know of any medical conditions which your boxers currently have?: If yes, please explain ☐ YES ☐ NO

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I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:24-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## **NEW JERSEY STATE ATHLETIC CONTROL BOARD BUSINESS HISTORY**

1. Please provide name, date of birth and social security number:
  
2. During the last five-year period, have you ever had any license, permit, or certificate issued by a government agency in this State or any other jurisdiction denied, suspended or revoked? \_\_\_\_\_. If yes, state (i) the name and nature of the license or certificate denied, suspended or revoked (ii) the name and location of the government agency taking such action (iii) the date of each such action and (iv) the reasons for each such action.
  
3. Has any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law been filed by or against you in the last five-year period? \_\_\_\_\_ If yes, provide (i) the name and location of the court or agency where such petition was filed, (ii) the type of petition filed (iii) the date of the filing and (iv) the official name of the case.
  
4. Please list the last three jobs you have held and for each provide the following information: (i) dates of employment (ii) name, address and telephone number of employer (iii) positions and duties (iv) name of supervisor and (v) reason for leaving.
  
5. Please attach a copy of all Federal and State Tax Returns, with all appropriate schedules, for the last fiscal year.

## PRINTING LICENSE APPLICATION

State of New Jersey  
State Athletic Control Board  
P.O. Box 180  
Trenton, NJ 08625-0180

Application for license to print tickets of admission to combative sports shows for a period ending \_\_\_\_\_, 20\_\_\_\_\_.

1. Name of Applicant: \_\_\_\_\_  
(Check ✓)      Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
If doing business under assumed name, send certified copy of certificate.
2. If partnership, give name and addresses of partners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If corporation, give date of incorporation \_\_\_\_\_ and name of  
President: \_\_\_\_\_ Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_  
Amount of capital stock issued \$ \_\_\_\_\_
4. Business address \_\_\_\_\_
5. Is the applicant, if an individual, or all members, if a partnership, citizens of the United States? \_\_\_\_\_  
If not, has a declaration of intention to become a citizen been filed? \_\_\_\_\_ If so, state when and where,  
giving month, day and year \_\_\_\_\_
6. Has the applicant, if an individual (or a partnership or corporation, has any member or officer for whom  
a license is herein requested) ever been convicted of any crime? \_\_\_\_\_
7. If so, give full particulars \_\_\_\_\_
8. Give name of employee or officer, who will be in charge of ticket printing \_\_\_\_\_
9. Have you ever been licensed or bonded by the United States government or any State agency for any  
special printing or engraving privilege? \_\_\_\_\_ If so, fully describe \_\_\_\_\_
10. If this license is granted, do you agree to comply with all the rules and regulations promulgated by the  
State Athletic Control Board? \_\_\_\_\_
11. This license, if granted, is subject to cancellation and revocation by the State Athletic Board for any  
infraction of its rules and regulations. Do you agree to return your license to the State Athletic Control  
Board immediately upon notice of such cancellation or  
revocation? \_\_\_\_\_

City \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_

ss:

BEING DULY SWORN, deposes and says he is the applicant above named or is a member of the partnership, or an officer of the corporation in behalf of which the above application is made, that he has read the foregoing application and the answers thereon noted, that such answers are true to his knowledge except as to any matter therein stated to be alleged upon information and belief and that as to such matter he believes it to be true and that he personally attached his signature to this affidavit.

Signed \_\_\_\_\_

\_\_\_\_\_  
Title of Office

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_